Define, Analyze & Prioritize Community Health Problems

Kansas University Community Toolbox
http://ctb.ku.edu/en;default.aspx

Chapter 17. Analyzing Community Problems and Solutions
Define, Analyze, and Prioritize Community Health Problems

Training Objectives

• Emphasize the critical link between community health data and community assessment and prioritization
• Expose HPS to the Community Tool Box, a resource for Community Health Improvement capacity building
• Introduce methods and techniques for analyzing health problems and prioritizing health problems.
What is the nature of a health problem?

- A problem is the difference between *what is* and *what should be*.
- The cause of a community health problem may be inside or outside of that community.
- Problems occur with different levels of severity.
Communities have health problems, just like people do

- Communities, like people, can work to reduce or eliminate their own health problems.
- Analyzing health problems helps to arrive at effective solutions.
Examples of Community Health Problems

- Accidental Injuries
- Asthma Hospitalizations
- Cancer
- Child abuse
- Diabetes
- Domestic violence
- Access to healthy food
- Heart Disease
- Hypertension (high blood pressure)
- Hypercholesterolemia (high cholesterol)
- Low Birth-Weight Babies
- Depression
- Obesity
- Teenage pregnancy
- Tobacco Use
- Substance Use (alcohol, drugs, tobacco)
- Suicide
- STDs
- Access to clean/safe drinking water
Clarifying and defining the health problem requires data

- **Start with what you know about the problem** (*perception, opinion, inference*).
- **Decide what information you need.** (*factual information*)
- **Gather missing information** on the problem. (*perception, opinion, facts, inference*).
- **Define the problem.** (Using the “But Why?” technique
  Ch.17, section 4 Community toolbox)

The “But Why” Technique

• To identify “underlying” individual and social “root causes” of a community issue
• Technique reveals multiple and alternate solutions to a community health problem.

PROBLEM EXAMPLE: Too many children in this community suffer from foot infections

• Q: But why?
  A. They step on broken glass and sharp objects.

• Q: Could that be prevented?
  A. Yes.

• Q: How?
  A. If children wore shoes.

• Q: But why don’t children have shoes?
  A. Because the family can't afford shoes.

• Q. But why?
  A. The parents are not working .

• Q. But why?
  (and so forth)
When should you analyze a community health problem?

- When the problem lacks a clear definition
- When people are too quick to jump to “solutions”
- When little is known about the problem or its consequences
- When trying to improve the chances of a successful solution or intervention
- When trying to: 1) identify actions that best address the problem, and 2) identify best collaborative partners with whom to take action
Why analyze a community health problem?

- To know the facts about this problem
- To credibly communicate this information to others
- To raise community awareness of the importance and seriousness of this health issue.
- To be able to compare the problem in your own county/small area/tribe etc. against the same problem in others.
Health Problem Analyses Criteria

- **What is the problem?** (Achieve consensus on definition and problem statement)
- **Why does the problem exist?** (Finding Root causes)
- **Who is causing the problem?** (Individual, social, political causes)
- For how long has the problem existed?
- **To what extent is the problem occurring?** (Impact)
Criteria for Assessing Problem Impact

- **Frequency** *(How many are affected in your community?)*
- **Duration** *(For how long has the problem existed?) Incidence, Prevalence & Time Trends*
- **Scope or range** *(Who all in the community are affected? By age, gender, race/ethnicity, geography, income, etc.?)*
- **Severity** *(How serious or significant are the consequences outcomes of this problem in this community? (morbidity/mortality/disability from disease, injuries, accidents, violence & crime associated with this problem?)*
- **Perceptions** *(How does the community perceive this problem? town halls, key informant interviews, focus groups & community surveys)*
Prioritization Process

• **Identify** community problems . . . ✓
• **Assess** the impact of each problem on the community . . . . . . . . . . . . . ✓
• **Prioritize** the identified problems for action . . . . . . . . . . . . . . . . . . . . . . ?
Prioritization Criteria

• Magnitude of Impact?
• What Evidence-Based Strategies Target this Problem?
• Does the problem Impact other Community Issues? What are they?
• Community Control?
• Time and Resources required?
• Energy (social capital required)
• Timing? Long vs. short term strategy/action?
• Avoid Duplication
• Political Realities
Criteria for judging the best strategy/solution to a problem

- Costs involved
- Time required
- People required
- Driving forces and obstacles to taking action
- Possible impact of taking action/not taking action
- Community preference of problem as a “priority”
- The likelihood for a successful solution
Force-Field Analyses Technique  
Memory Jogger, p.63

- Looks more broadly at a health problem and multiple forces surrounding the problem.
  - Begin with the existing problem definition
  - Draw a line down the center of the paper.
  - On the top of one /side, write "Restraining Forces"
  - On the other sheet/side, write, "Driving Forces."

<table>
<thead>
<tr>
<th>Driving Forces</th>
<th>Restraining Forces (barriers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forces pushing situation toward +change</td>
<td>Barriers to +change</td>
</tr>
<tr>
<td>• Force 1</td>
<td>• Force 1</td>
</tr>
<tr>
<td>• Force 2</td>
<td>• Force 2</td>
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<tr>
<td>• Force 3</td>
<td>• Force 3</td>
</tr>
<tr>
<td>• Force 4</td>
<td>• Force 4</td>
</tr>
</tbody>
</table>
Force-Field Analyses Technique
continued

• Brainstorm, list, compare Restraining and Driving Forces
• Rank & Prioritize the driving forces that can be strengthened
• Rank & Prioritize the restraining forces to target for elimination/reduction to allow action for a positive change.